

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 01/28/02.

I. DISPUTE

Whether there should be additional reimbursement for Ambulatory Surgical Center care for 10/09/01.

II. RATIONALE

The requestor submitted an EOB with the denial code of "M-the reimbursement for the service rendered has been determined to be fair and reasonable based on billing and payment research and is in accordance with Labor code 413.011(B)." Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

The respondent asserts in their methodology that they have paid a fair and reasonable reimbursement based on statistical studies of national data performed by TMI. In this dispute TMI took the CPT code used by the surgeon (29879) and applied its methodology to determine fair and reasonable. However, based on UB-92s and corresponding EOBs, charges were for a facility fee and does not identify the CPT code referenced by TMI.

The requestor billed \$6,329.80 for the Ambulatory Surgical Center care; the respondent reimbursed \$973.60 leaving a balance of \$5,356.20. Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable.

Documentation submitted by TMI does not support that the charges are for similar treatment in the same geographical area to an injured individual of an equivalent standard of living. On this basis reimbursement is recommended at 85% of billed charges less the amount paid.

The requestor submitted redacted EOBs that indicate that they have accepted reimbursements for similar treatment, from 85% to 100% of their billed charges. (85% of \$6,329.80 = \$5,380.33 - \$973.60 already paid = \$4,706.73 for additional reimbursement).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for Ambulatory Surgical Care in the amount of **\$4,706.73**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4,706.73** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

MDR: M4-02-2760-01

The above Decision and Order is hereby issued this 11th day of September 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

Roy Lewis, Supervisor
Medical Review Resolution
Medical Review Division

RL/mb